

**FORM NO. 3E**

[See rule 52 H (3)]

**DETAILS OF THE PATIENT TO WHOM ESSENTIAL NARCOTIC DRUGS DISPENSED**

*(TO BE MAINTAINED BY REGISTERED MEDICAL PRACTITIONER/RECOGNISED MEDICAL INSTITUTION)*

Registration Number:

Date:

1.	Name	:			
2.	Complete postal address (with contact number, if any)	:			
3.	Brief description of the illness	:			
4.	Whether registered with any other registered medical Practitioner/ recognized medical institutuion (If yes, details to be recoded)	:			
5.	Details of the essential narcotic drugs dispensed	:			
Date	Name of the essential narcotic drugs	Quantity	Signature/Thumb impression of the patient	Remarks, if any	

Note:

1. This record shall be retained for two years from the date of last entry.
2. This record shall be produced before the concerned authorised officers whenever called upon during the course of their inspection/ investigation.